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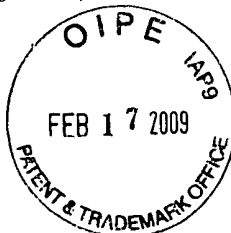
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POTOMAC PATENT GROUP PLLC
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KRISHNA KALIDINDI	(Depositor's name)
<i>Krishna Kalidindi</i>	(Signature)
17 NOVEMBER 2008	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/650,038	08/28/2003	Michael Haisch	0902-005	6948

TITLE OF INVENTION: MICROSCOPY SYSTEM, MICROSCOPY METHOD AND A METHOD OF TREATING AN ANEURYSM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440 \$1510	\$300	\$0	\$1740 \$1810	11/19/2008
EXAMINER	ART UNIT	CLASS-SUBCLASS				
LAVARIAS, ARNEL C	2872	359-385000				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

CARL ZEISS SURGICAL GmbH

OBBERKOECHEN, GERMANY

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *Krishna Kalidindi*

Date 17 NOVEMBER 2008

Typed or printed name KRISHNA KALIDINDI

Registration No. 41461

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11/17/2008 16:24 FAX 7038830100		PotomacPatentGroup		001/002	
PART B - FEE(S) TRANSMITTAL					
Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885					
<p>INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 3 should be completed where appropriate. All further correspondence (including the Patent, advance orders and notification of maintenance fee) will be mailed to the current correspondence address as indicated below or directed to the fax number in Block 1, by (1) specifying a new correspondence address; and/or (2) indicating a separate "FEE ADDRESS" for transmitting the fee(s).</p> <p>NOTE: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other identifying papers. Send additional paper, such as an affidavit or formal declaration, that give as two certificates of mailing or transmission.</p> <p>Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop (571) P.O. address above, or using facsimile transmission to the USPTO (571) 273-2885, on the date indicated below.</p> <p>KRISHNA KALIBINDI (Type full name) 17 November 2008 (Date)</p>					
APPLICATION NO.	FILED DATE	FIRST NAME INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10670231	06/18/2003	Mehmet, HANCI	0902-003	6044	
TITLE OF INVENTION: MICROSCOPY SYSTEM, MICRO COPY METHOD AND A METHOD OF TREATING AN ANEURYSM					
APPL. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID FEE'S FEE	TOTAL FEE'S DUE
provisional	NO	\$1400	\$150	\$0	\$1550
CLASSIFICATION	ART UNIT	CLASS-SUBCLASS			
LAVARIAS, ARNEL C	2872	259-103000			
<p>1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.33(a)).</p> <p><input type="checkbox"/> Change of correspondence address for Change of Correspondence Address from PTO (571) 273-2885.</p> <p><input type="checkbox"/> "Fee Address" (indicates the "Fee Address" indication from PTO (571) 273-2885, Rev 03-02, or more recent) attached. Use of a Customer Number is required.</p> <p>2. For printing on the patent front page, list (1) the name of up to 3 registered patent attorneys or agents (PA, alternately), (2) the name of a single firm (the firm as a member a registered attorney or agent) and the names of up to 3 registered patent attorneys or agents. If no name is listed, no name will be printed.</p> <p>3. ATTORNEY NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)</p> <p>PURCAUSE NOTE: (Patent as assigned is identified below, no assignee data will appear on the patent. If no assignee is identified below, the document has been filed for recordation as per 37 CFR 1.31. Completion of this form is NOT a substitute for filing an assignment.)</p> <p>(A) NAME OF ASSIGNEE: CARL ZEISS SURGICAL GmbH (B) RESIDENCE: (CITY AND STATE OR COUNTRY) OBERRAHEIM, GERMANY</p> <p>Please check the appropriate assignee category or categories (fill out to printed on the patent): <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporation or other private group entity <input type="checkbox"/> Government</p> <p>4a. The following fee(s) is/are attached:</p> <p><input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Publication Fee (No small entity discount permitted) <input type="checkbox"/> Advance Office - # of Copies</p> <p>4b. Payment of Fee(s) (Please first supply any previously paid fees for status above)</p> <p><input type="checkbox"/> A check is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2031 is attached. <input type="checkbox"/> The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).</p> <p>5. Change to Entity Status (from status indicated above)</p> <p><input checked="" type="checkbox"/> a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. <input type="checkbox"/> b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(b)(3).</p> <p>NOTE: The Issue Fee and Publication Fee (if required) will only be accepted from anyone other than the applicant's registered attorney or agent, or the assignee or other party to interest in the patent, if the patent is filed in the United States Patent and Trademark Office.</p> <p>Authorized Signature: KRISHNA KALIBINDI Date: 17 November 2008 Typed or printed name: KRISHNA KALIBINDI Registration No.: 41461</p> <p>This collection of information is required by 37 CFR 1.31. The information is required to obtain or retain a benefit by the public which is in the (and by the USPTO to promote) an application. Confidentiality is governed by 37 CFR 1.32 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. There will be no charge for this collection. Any comment on the accuracy of this collection to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEE'S OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.</p> <p>Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.</p>					